

JUL 10 2006

FEE TRANSMITTAL

Application Number **10/606,863**
 Filing Date **6/27/2003**
 First Named Inventor **OKITSU**
 Examiner Name **PARRIES**
 Art Unit **2836**

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) **120**

Attorney Docket No.

11-165

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: **50-1147** Deposit Account Name: **Posz Law Group, PLC**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☒ Charge any additional fee(s) or underpayments of fee(s)
 under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity)

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 1 month Extension of Time fee

120

SUBMITTED BY

Signature

Registration No. **43,102**
(Attorney/Agent)Telephone **(703) 707-9110**

Name (Print/Type)

Robert L. Scott, II

Date

10 July 2006

JUL 10 2006

POSZ LAW GROUP, PLC

ATTORNEYS AT LAW

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WWW.POSZLAW.COMFACSIMILE TRANSMISSIONDate: 7/10/2006

Pages: 17

Fax No.: 571-273-8300

To: Examiner Dru M. PARRIES, USPTO

From: Robert L. Scott, II

Subject: After Final response in the below captioned matter

Applicants: OKITSU et al.	Atty. Dkt.: 11-165
Serial No.: 10/606,863	Art Unit: 2836
Filed: 6/27/2003	Examiner: PARRIES
Title: LOAD DRIVE CONTROL APPARATUS HAVING MINIMIZED POWER CONSUMPTION WHEN FUNCTIONING IN WAITING STATUS	

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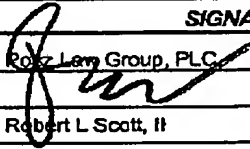
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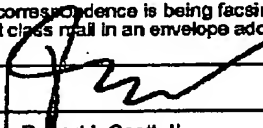
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JUL 10 2006

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/606,863
		Filing Date	6/27/2003
		First Named Inventor	OKITSU
		Art Unit	2836
		Examiner Name	PARRIES
Total Number of Pages in This Submission	16	Attorney Docket Number	11-165

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Posz Law Group, PLC		
Signature			
Printed name	Robert L. Scott, II		
Date	10 July 2006	Reg. No.	43,102

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Signature	
Typed or printed name	Robert L. Scott, II
Date	10 July 2006